



Kentucky Corporation/LLET Account Number

**KENTUCKY PARTNERSHIP INCOME** 

2011

## ➤ See instructions.

Taxable period

| peginning, 201, and ending, 201 AND LLET RETURN                        |  |             |                  |  |                           |                                      |                                      |   |        |  |
|--|--|-------------|------------------|--|---------------------------|--------------------------------------|--------------------------------------|---|--------|--|
| B Check applicable box(es):  | D Federal Identification Number        |             |                  |  | Taxable Year Ending/MoYr. |                                      |                                      |   |        |  |
| <b>LLET</b> Receipts Method  | Name of Partnership                    |             |                  |  |                           |                                      | State                                | and Date of Organizati                    | ion    |  |
| ☐ Gross Receipts ☐ Gross Profits                                       |  |             |                  |  |                           | Principal Business Activity in KY    |                                      |   |        |  |
| □ \$175 minimum  | Number and Street                      |             |                  |  |                           |                                      |                                      | ,   |        |  |
| Nonfiling Status Code  |  |             |                  |  |                           |                                      |                                      | S Code Number<br>ting to Kentucky Activit | tv)    |  |
| Enter Code   | City                                   |             | State            | ZIP Code   | 9                         | Telephone Number                     |                                      | www.census.gov)                           | ·y /   |  |
|  |  |             |                  |  |                           |                                      |                                      |   |        |  |
| C  | E Check if applicat                    |             |                  | 1  | <b>—</b>                  |                                      |                                      |   |        |  |
| Income Return  Nonfiling Status Code                                   |  |             |                  | ☐ Qualified investment pass-through entity ☐ Final return (attach explanation) ☐ |                           |                                      | ☐ Amended return ☐ Change of Address |   |        |  |
|  | <u></u>                                |             | n (attach explan | ation)   | ☐ Change of Name          | ,                                    | _                                    | change of Accounting P                    | 'eriod |  |
| Enter Code   | F                                      |             |                  |  |                           |                                      |                                      |   |        |  |
|  | Number of Par                          | tners (Atta | ach K-1s) ➤      |  |                           |                                      |                                      |   |        |  |
| PART I—ORDIN   | IARY INCOME (LO                        | OSS) C      | OMPUTATIO        | N  |                           | PART II—LLET COI                     | /IPUT/                               | ATION                                     |        |  |
| 1. Federal ordinary in   | come (loss)                            |             |                  |  | 1. Schedule LLE           | T, Section D, line 1                 | . 1                                  |   | 00     |  |
| (see instructions)   |  | 1           |                  | 00   | 2. Recycling/cor          | mposting equipment                   |                                      |   |        |  |
|  |  |             |                  |  | tax credit rec            | apture                               | . 2                                  |   | 00     |  |
| ADDITIONS  |  |             |                  |  | 3. Total (add line        | es 1 and 2)                          | . 3                                  |   | 00     |  |
|  |  |             |                  |  | 4. Nonrefundab            | le LLET credit from                  |                                      |   |        |  |
| 2. State taxes based of  | Ü                                      |             |                  |  | 1                         | nedule(s) K-1                        | . 4                                  |   | 00     |  |
| income   |  | 2           |                  | 00   | 5. Nonrefundab            |                                      |                                      |   |        |  |
| 3. Federal depreciation  |  |             |                  | 00   |                           | (S)                                  | 5                                    |   | 00     |  |
| Section 179 expens   |  | 3           |                  | 00   |                           | (greater of line 3 less              |                                      |   | 00     |  |
| <ul><li>4. Related party expe</li><li>5. Other (attach Sched</li></ul> |  | 5           |                  | 00   |                           | or \$175 minimum)                    |                                      |   | 00     |  |
| 6. Total (add lines 1 tl   | •                                      | 6           |                  | 00   |                           | x payments<br>abilitation tax credit |                                      |   | 00     |  |
| o. Total (add lilles I ti  | nough of                               |             |                  |  |                           | tax credit                           |                                      |   | 00     |  |
| SUBTRACTIONS   |  |             |                  |  | 1                         | yment                                |                                      |   | 00     |  |
|  |  |             |                  |  | •                         | ax credit                            |                                      |   | 00     |  |
| 7. Federal work oppo   | rtunity credit                         | 7           |                  | 00   | 12. LLET due (line        |                                      |                                      |   |        |  |
| 8. Kentucky depreciati   | on (do not include                     |             |                  |  | through 11)               |                                      | 12                                   |   | 00     |  |
| Section 179 expense  | e deduction)                           | 8           |                  | 00   | 13. LLET overpay          | ment (lines 7                        |                                      |   |        |  |
| 9. Other (attach Scheo   | dule O-PTE)                            | 9           |                  | 00   | through 11 le             | ss line 6)                           | 13                                   |   | 00     |  |
| 10. Kentucky ordinary  | income (loss)                          |             |                  |  | 14. Credited to 20        | 012 LLET                             | 14                                   |   | 00     |  |
| (line 6 less lines 7 t   | hrough 9)                              | 10          |                  | 00   | 15. Amount to be          | e refunded                           | 15                                   |   | 00     |  |
| ➤ Federal Form 1 supporting sch  | 065, all pages and<br>edules must be a |             |                  |  |                           | TAX PAYMENT SU<br>(Round to neare:   |                                      |   |        |  |
| Make check pa  | vable to:                              |             |                  |  | LLET                      |                                      |                                      |   |        |  |
| Kentucky State   |  |             |                  |  | 1. LLET due (Pa           | nrt II, line 12)                     | \$                                   |   |        |  |
| Mail return with payment to:   |  |             | 2. Penalty       | ;  | \$                        |                                      |                                      |   |        |  |
| Kentucky Depa<br>Frankfort, Kent                                       | rtment of Revenu                       | е           |                  |  | 3. Interest               | :                                    | \$                                   |   |        |  |
| i iaiikioit, keilt   | 40NY 70020                             |             |                  |  | A Total Payme             | nt                                   | <b>±</b>                             |   |        |  |

and day of week If a 52/53 week filer: (Choose one of the options below.)

Commonwealth of Kentucky DEPARTMENT OF REVENUE



## SCHEDULE Q-KENTUCKY PARTNERSHIP QUESTIONNAIRE

New Year End: Month \_\_\_\_\_

| a delinquent return.  |
|---|
| must be answered. Failure to do so may result in a request for      |
| federal I.D. number for the preceding year, questions 1, 2 and 3    |
| partnership did not file a return under the same name and same      |
| partnerships. If this is the partnership's initial return or if the |
| <b>IMPORTANT</b> : Questions 4—10 must be completed by all          |

| federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. Failure to do so may result in a request for a delinquent return.   | <ul> <li>i.</li></ul>   |
|--|---|
| <ol> <li>Indicate whether: (a) □ new business; (b) □ successor to previously existing business which was organized as: (1) □ corporation; (2) □ partnership; (3) □ sole proprietorship; or (4) □ other</li> </ol>                              | is the nearest to the last day of the calendar month  5. The partnership's books are in care of: (name and address)   |
| If successor to previously existing business, give name, address and federal I.D. number of the previous business organization.  | 6. Are disregarded entities included in this return?  ☐ Yes ☐ No. If yes, list name, address and federal I.D number of each entity.   |
| 2. List the following <i>Kentucky</i> account numbers. Enter N/A for any number not applicable.  Employer Withholding  | 7. For the taxable period being reported, was the partnership a partner in a pass-through entity doing business in Kentucky?   Yes  No If yes, list name and federal I.D. number of the pass-through entity(ies).   |
| 3. If a foreign partnership, enter the date qualified to do business in Kentucky / /   | For the taxable period being reported, was the partnership doing business in Kentucky other than through its interest held in a pass-through entity doing business in   |
| <ul> <li>4. If change of accounting period, Item E on page 1, is checked, complete the following information: Year End before the change: Month and Day a. □ Change from a Fiscal Year to a Calendar Year (NOT a 52/53 week filer) </li> </ul> | <ul> <li>Kentucky? ☐ Yes ☐ No</li> <li>8. Was this return prepared on: (a) ☐ cash basis, (b) ☐ accrua basis, (c) ☐ other</li> <li>9. Did the partnership file a Kentucky tangible persona property tax return for January 1, 2012? ☐ Yes ☐ No</li> </ul>  |
| b. Change from a CalendarYear to a FiscalYear (NOT a 52/53 week filer):  New Year End:  Month and Day  c. Change from a Fiscal Year to a CalendarYear  | 10. Is the partnership currently under audit by the Interna Revenue Service? ☐ Yes ☐ No  If yes, enter years under audit  |
| (52/53 week filer):  New Year End: December and day of week  d. □ Change from a Calendar Year to a Fiscal Year (52/53 week filer):   | If the Internal Revenue Service has made final and unappealable adjustments to the partnership's taxable income which have not been reported to the department, check here □ and file ar amended Form 765 for each year adjusted. Attach a copy o the final determination to each amended return. |
| and to the best of my knowledge and belief, it is true, correct and co   | examined this return, including all accompanying schedules and statemen omplete.  |
| Signature of partner or member   | SSN or FEIN Date  |
| Name of person or firm preparing return  | SSN, PTIN or FEIN Date  |
|  | May the DOR discuss this return with the preparer?  ☐ Yes ☐ No  |

Email Address: Telephone No.:



## SCHEDULE K-PARTNERS' SHARES OF INCOME, CREDITS, DEDUCTIONS, ETC.

| SECTION I (a) Distributive Share Items   |      | (b) Total Amount |  |
|--|------|------------------|--|
| Income (Loss) and Deductions   |      |                  |  |
| 1. Kentucky ordinary income (loss) from trade or business activities                 |      |                  |  |
| (page 1, Part I, line 10)  | 1    | 00               |  |
| 2. Net income (loss) from rental real estate activities (attach federal Form 8825)   | 2    | 00               |  |
| 3. (a) Gross income from other rental activities                                     | 00   |                  |  |
| (b) Less expenses from other rental activities (attach schedule) (b)                 | 00   |                  |  |
| (c) Net income (loss) from other rental activities (line 3a less line 3b)            | 3(c) | 00               |  |
| 4. Portfolio income (loss):  |      |                  |  |
| (a) Interest income  | 4(a) | 00               |  |
| (b) Dividend income  | (b)  | 00               |  |
| (c) Royalty income   | (c)  | 00               |  |
| (d) Net short-term capital gain (loss) (attach federal Schedule D and Kentucky       |      |                  |  |
| Schedule D, if applicable)   | (d)  | 00               |  |
| (e) Net long-term capital gain (loss) (attach federal Schedule D and Kentucky        |      |                  |  |
| Schedule D, if applicable)   | (e)  | 00               |  |
| (f) Other portfolio income (loss) (attach schedule)                                  | (f)  | 00               |  |
| 5. Guaranteed payments to partners   |      | 00               |  |
| 6. Section 1231 net gain (loss) (other than due to casualty or theft)(attach federal | and  |                  |  |
| Kentucky Forms 4797)   | 6    | 00               |  |
| 7. Other income (loss) (attach schedule)   | 7    | 00               |  |
| 8. Charitable contributions (attach schedule) and housing for homeless deduction     | ו    |                  |  |
| (attach Schedule HH)   | 8    | 00               |  |
| 9. IRC Section 179 expense deduction (attach federal Form 4562 and Kentucky          |      |                  |  |
| Form 4562)   | 9    | 00               |  |
| 10. Deductions related to portfolio income (loss) (attach schedule)                  |      | 00               |  |
| 11. Other deductions (attach schedule)   | 11   | 00               |  |
| Investment Interest  |      |                  |  |
| 12. (a) Interest expense on investment debts   |      | 00               |  |
| (b) (1) Investment income included on lines 4(a), 4(b), 4(c) and 4(f) above          |      | 00               |  |
| (2) Investment expenses included on line 10 above                                    | (2)  | 00               |  |
| Tax Credits  | 40   |                  |  |
| 13. Kentucky Small Business Investment Tax Credit (attach KEDFA notification)        |      | 00               |  |
| 14. Skills Training Investment Tax Credit (attach copy of certification(s))          |      | 00               |  |
| 15. Certified Rehabilitation Tax Credit (attach copy of certification(s))            |      | 00               |  |
| 16. Kentucky Unemployment Tax Credit (attach Schedule UTC)                           |      | 00               |  |
| 17. Recycling/Composting Equipment Tax Credit (attach Schedule RC)                   |      | 00               |  |
| 18. Kentucky Investment Fund Tax Credit (attach KEDFA notification)                  |      | 00               |  |
| 19. Coal Incentive Tax Credit (attach Schedule CI)                                   |      | 00               |  |
| 20. Qualified Research FacilityTax Credit (attach Schedule QR)                       |      | 00               |  |
| 21. GED Incentive Tax Credit (attach Form DAEL-31)                                   |      | 00               |  |
| 22. Voluntary Environmental Remediation Tax Credit (attach Schedule VERB)            |      | 00               |  |
| 23. Biodiesel Tax Credit (attach Schedule BIO)                                       |      | 00               |  |
| 24. Environmental Stewardship Tax Credit (attach Schedule KESA)                      |      | 00               |  |
| 25. Clean Coal Incentive Tax Credit (attach Schedule CCI)                            |      | 00               |  |
| 26. Ethanol Tax Credit (attach Schedule ETH)   |      | 00               |  |
| 27. Cellulosic Ethanol Tax Credit (attach Schedule CELL)                             | 27   | 00               |  |

Form 765 (2011)
Schedule K
Commonwealth of Kentucky
DEPARTMENT OF REVENUE



## SCHEDULE K-PARTNERS' SHARES OF INCOME, CREDITS, DEDUCTIONS, ETC.

| SECTION I—continued            | (a) Distributive Share Items   |       | (b) Total Amount |
|--------------------------------|--|-------|------------------|
| Form 5695-K Pass-through       | Amounts (attach Form 5695-K)   |       |                  |
| 28. Energy Efficiency Produ    | ucts Tax Credit from Form 5695-K, line 6                                   |       | 00               |
|                                | ıcts Tax Credit from Form 5695-K, line 12                                  |       | 00               |
|                                | ucts Tax Credit from Form 5695-K, line 18                                  |       | 00               |
|                                | ucts Tax Credit from Form 5695-K, line 36                                  |       | 00               |
|                                | ucts Tax Credit from Form 5695-K, line 36                                  |       | 00               |
|                                | ucts Tax Credit from Form 5695-K, line 51                                  |       | 00               |
|                                | ucts Tax Credit from Form 5695-K, line 51                                  |       | 00               |
|                                | ucts Tax Credit from Form 5695-K, line 57                                  |       | 00               |
|                                | ucts Tax Credit from Form 5695-K, line 63<br>ENERGY STAR Manufactured Home | 30    | 00               |
|                                | 8908-K)  | 37    | 00               |
|                                | nd ImprovementTax Credit (attach   | 37    | 00               |
|                                |  | 38    | 00               |
|                                | Credit (attach Schedule RR-E)  |       | 00               |
|                                | dit (attach Schedule ENDOW)  |       | 00               |
| Other Items                    | ,  |       | 00               |
| 41. (a) Type of Section 59(e   | e)(2) expenditures >   | 41(a) |                  |
|                                | 59(e)(2) expenditures  |       | 00               |
|                                | ome  |       | 00               |
|                                | ne   |       | 00               |
| 44. Nondeductible expense      | S  | 44    | 00               |
|                                | ons (including cash)   | 45    | 00               |
| 46. Other items and amour      | ts required to be reported separately to partners                          |       |                  |
| (attach schedule)              |  | 46    |                  |
| CECTION II Poss through Item   | •  |       |                  |
| SECTION II — Pass-through Item | S  |       |                  |
| 1. Partnership's Kentucky      | sales from Schedule A, Section I, line 1                                   | 1     | 00               |
| 2. Partnership's total sales   | from Schedule A, Section I, line 2   | 2     | 00               |
| 3. Partnership's Kentucky      | property from Schedule A, Section I, line 5                                | 3     | 00               |
| 4. Partnership's total prop    | erty from Schedule A, Section I, line 6                                    | 4     | 00               |
| 5. Partnership's Kentucky      | payroll from Schedule A, Section I, line 8                                 | 5     | 00               |
| 6. Partnership's total payr    | oll from Schedule A, Section I, line 9                                     | 6     | 00               |
| 7. Partnership's Kentucky      | gross profits from Schedule LLET, Section A, Column A,                     |       |                  |
| line 5                         |  | 7     | 00               |
| 8. Partnership's total gros    | s profits from all sources from Schedule LLET, Section                     |       |                  |
| •                              |  | 8     | 00               |
|                                | ax (LLET) nonrefundable credit from page 1, Part II, the                   |       |                  |
|                                |  | 9     | 00               |
| total of filles 4 and 6, le    | ss \$175   |       | 00               |